

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

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Maine Ethics Commission

Maine Ethics Commission

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine Website: www.maine.gov/ethics

> PHONE: 207-287-4179 FAX: 207-287-6775

STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2012 Calendar Year: January 1, 2012 - December 31, 2012

Check here if this statement is an update or amendment of a previously filed statement.

Name	Office
Christopher Rector	☐ House ✓ Senate
Mailing Address	District Number
30 Knox St.	22
City/Town, State, Zip	E-mail Address
Thomaston, ME 04861	cwrector51@gmail.com

FILING DEADLINES

<u>CURRENT LEGISLATORS</u>: Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m. on February 15, 2013.

<u>LEGISLATORS LEAVING OFFICE</u>: Please file this statement with the Maine Ethics Commission by 5:00 p.m. on January 22, 2013. Please mail it to Maine Ethics Commission, 135 State House Station, Augusta, Maine, 04333-0135 or hand-deliver to the Commission's office at 45 Memorial Circle, Augusta, Maine.

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
- A glossary is located in the back of this form.
- If completing this form by hand, please write legibly.
- Report the sources of income for you, your spouse or domestic partner, and your dependent children.
- Report only specific sources of income. Dollar amounts need not be listed.
- Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
- State law (1 M.R.S.A. § 1018) requires Legislators to file an updated statement with the Commission within 30 days of any change to the information in this report. Additionally, the law (1 M.R.S.A. § 1016-B (2)) requires Legislators to make a supplementary statement to the Commission of any reportable liability within 30 days after it is incurred.
- The completed statements are posted on the Commission's website and copies are made available to the public upon request.
- Please keep a copy of this statement for your records.

Please call the Commission staff 207-287-4179 if you have any questions.

Thank you for your cooperation.

Part 1. Income from	Employment	by Anot	her							
None, Check this	box if you did r	not have	income from	n employme	ent by a	nother.				
Name of Employer		Address	;	Principal Type of Economic or Business Activity of Employer				Job Title		
Maine State Legislature	3 State H Augusta,		iion,	Government			State	Senator		
Part 2. Income from	Self-Employn	nent								
None. Check this	box if you did r	not have	income fro	n self-emplo	yment.					
Name of Your Business	/Trade Name		Add	ress		Principal Type of Economic or Bus Activity				
Name of Client or Custome instructions			Add	ress		Principal Type of Economic or Business Activity of Client				
Part 3. Revenue of E	Business Entil	ies				•				
None. Check this	box if you and	your im	mediate far	nily did not h	nave a n	najority sh	are in	a business.		
Name of Busin	less		Add	ress		Principa	І Туре с	of Economic or Business Activity		
CELS Ventures Inc.	ELS Ventures Inc.			PO Box 153, Thomaston, ME 04861			retail ice cream sales, art publishing			
				444.41		111111111111111111111111111111111111111				
Part 4. Income from	the Practice o	of Law								
None. Check this	box if you did r	ot have	income fror	n the practic	e of law	<i>I</i> .				
Name of Practice or Firm	Address	3		Your Major Areas of Firm's Major Areas of Practice		s of	Position: Partner, Associate, Sole Practitioner			

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None. Check this box if you did	not have income from any other source) ,
Name of Source	Address	Type of Income
RBC Dain Rauscher	One Portlan Square, Portland, ME 04101	Investments in stocks and bonds
Whitmore LLC	PO Box 780, Camden, ME 04843	Real Estate rental income
Various Tenants at Thrity Three Bayview Street	33 Byaview Street, Camden, ME 04843	Real Estate Rental Income

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Part 6-A. Compensation Income of In	nmediate Family Members	
None. Check this box if no membe employment or compensation.	rs of your immediate family received ir	ncome of \$2,000 or more from
Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
Elisabeth Rector	Bayview Gallery, Bayview Street, Camden, ME 04843	Retail art sales
Elisabieth Rector	Ducktrap Bay Trading Company, Main Street, Camden, ME 04843	Retail art Sales
Dependent	CELS Ventures, Inc., DBA Camden Cone, PO Box 153, Thomaston, ME 04861	Retail ice cream sales

Part 6-B. Other Sources of Income of	of Immediate Family Members	
None. Check this box if no member other source.	ers of your immediate family received i	ncome of \$2,000 or more from any
Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income
Elisabeth Rector	33 Bayview Street Camden, ME 04843	Real Estate Rental
Elisabeth Rector	RBC Dain Rauscher, One Portland Sq., Portland, ME 04101	stock and bond investment income

Part 7. Loans					
None. Check this box if you did not have	reportable liabilities.				
Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender			
Part 8. Gifts, Including Travel and Accom					
None. Check this box if you did not receiv	red any gifts.				
Source of Gift		Source of Gift			
1.	2.				
3.	4.				
Part 9. Honoraria					
None. Check this box if you did not receive	ed honoraria.				
Source of Honoraria	S	Source of Honoraria			
1.	2.				
3.	4.				
Part 10. Positions in Political Action or Bal	llot Question Committees				
None. Check this box if you were not a treat	asurer, officer, decision-maker, c	or fundraiser of a PAC or BQC.			
Name of Committee		Title			
1. Imagine Maine PAC	Decision maker and p	Decision maker and principal officer			
2.					

Part 11. Conducting Business w	/ith State Agencies	<u> </u>				
None. Check this box if neither y			ss with any State a	gency.		
Name of Agency	e of Agency Name of Individual Selling Goods or Services Description of Good or Services					
Part 12. Representing Others Be	efore State Agencie	 es				
None. Check this box if neither y	ou nor your immedi	ate family represente	d another before a	State agency.		
Name of Agenc	у	Name of Ind	ividual Receiving C	Compensation		
		•				
Part 13. Positions in For-Profit a	nd Non-Profit Orga	anizations				
None. Check this box if you and profit organizations.	members your imm	ediate family did not	hold positions in ar	ny for-profit or non-		
Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No		
Many Flags/O)ne Campus Fundation 1170 Pleasant Point Rd.	Vice President	Christopher Rector	✓ Self ☐ Spouse	☐ Yes		
Cushing, ME 04563			☐ Dependent	☑ No		
GrowSmart Maine 309 Cumberland Ave.	Board Member	Christopher Rector	☑ Self ☐ Spouse	☐ Yes		
Portland, ME 04101			☐ Dependent	☑ No		
Bay Chamber Concerts Main St.	Community Advisory Board member	Christopher Rector	☑ Self	☐ Yes		
Rockport, ME 04856	Dodia member		☐ Spouse ☐ Dependent	☑ No		
	SIGN	IATURE				
I CERTIFY THAT I HAVE EXAMINE CORRECT, AND COMPLETE.	D THIS REPORT AI	ND TO THE BEST O	F MY KNOWLEDG	E IT IS TRUE,		
Gluben	Mi		1/22	/13		
Signature	V		Dia	ate		
_ THE INTENTIONAL FILE	NG OF A FALSE STATEM	ENT IS A CLASS E CRIME (1 M.R.S.A. § 1016-G(3)(B))		

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	ADDITIONAL INFORMATION	
Plea se provid	rovide any additional information in the space below. Indicate the part number for the ir ding. Use additional pages if necessary.	nformation you
Part Number		
13	Penquis Community Action Program, Pleasant St., Rockland, ME Community Advisory Committee Members Rector No Compensation	ber Christopher
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